

# U3 000017831

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : RE-MMAP INC  
Account Number : I20110000080  
Phone : (561) 623-0241  
Fax Number : (561) 953-0089

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@RE-MMAP.COM

**FLORIDA LIMITED LIABILITY CO.  
KHM ENTERPRISES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**FAX****Date:** 2/4/2013**Pages including cover sheet:** 8

<b>To:</b>	
<b>Phone</b>	
<b>Fax Number</b>	+1 (850) 617-6383

<b>From:</b>	Sylvia Rosales
	Re-Mmap INC
	4500 Belvedere Rd, Ste A3
	West Palm Beach
	FL
<b>Phone</b>	(561) 227-9647
<b>Fax Number</b>	(561) 227-9647

2013 FEB -4 PM 8:36  
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DIVISION OF CORPORATIONS  
FLORIDA

**NOTE:**

TO: DIVISION OF CORPORATIONS  
KHM ENTERPRISES LLC

(850) 245-6051.

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **KHM ENTERPRISES LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**HUBERT MCINTOSH**

Name of Person

**RE-MMAP INC**

Firm/Company

**4500 BELVEDERE ROAD, SUITE A-3**

Address

**WEST PALM BEACH, FL 33415**

City/State and Zip Code

**INFO@RE-MMAP.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**HUBERT MCINTOSH** at **561** **6230241**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

KHM ENTERPRISES LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**4500 BELVEDERE ROAD, SUITE A-3  
WEST PALM BEACH, FL 33415**Mailing Address:**4500 BELVEDERE ROAD, SUITE A-3  
WEST PALM BEACH, FL 33415**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

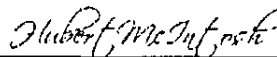
RE-MMAP INC

Name

4500 BELVEDERE ROAD, SUITE A-3Florida street address (P.O. Box NOT acceptable)WEST PALM BEACH FL 33415

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each Manager or Managing Member is as follows:

**Name and Address:**

"MGRM" = Managing Member

RE-MMAP INC

WEST PALM BEACH, FL 33415

TABLE 1. *Salmonella* serotypes and phage types isolated from the 1990s to 2000s in the United States

\_\_\_\_\_

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1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)**  
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

Sybil Rossiter

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

SYLVIA ROSALES

Typed or printed name of signee

**Filing Fees:**

**\$ 5.00 Certificate of Status (Optional)**